		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL		RATE
	Total	•	Minus	**	• .	X\$ 9=		OR	X\$18⇒
	Independent	•	Minus	***	-	X42=			X84=
'	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	
	If the entry in column 1 is less than the entry in column 2, write "I" in column 3.							OR	+280=
• (If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, only "20."							OR	TOTAL ADOIT, FEE

(Column 2)

MIMRER

(Column 1)

CLUM

REMAINING

FORM PTO-875 (Park BOS)

O

THE PERSON NAMED IN COLUMN

(Column 3)

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ADDI-

BEST

AVAILABLE

ADDI

TIONAL FEE

RATE